

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b> <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30</i>				1. REQUISITION NUMBER HQCWHX71860001000		PAGE 1 OF 32				
2. CONTRACT NO. HDEC05-18-P-0003		3. AWARD/EFFECTIVE DATE 21-Dec-2017		4. ORDER NUMBER		5. SOLICITATION NUMBER HDEC05-17-Q-0028		6. SOLICITATION ISSUE DATE 11-Sep-2017		
7. FOR SOLICITATION INFORMATION CALL:		a. NAME BARBARA F. DESROCHERS				b. TELEPHONE NUMBER (No Collect Calls) 804.734.8000 X86093		8. OFFER DUE DATE/LOCAL TIME 03:00 PM 11 Oct 2017		
9. ISSUED BY DEFENSE COMMISSARY AGENCY ENTERPRISE ACQUISITION DIVISION 1300 E AVENUE FORT LEE VA 23801-1800  TEL: FAX:		CODE HDEC05		10. THIS ACQUISITION IS <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS		<input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100 % FOR: WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB 8(A)		NAICS: 562111  SIZE STANDARD: \$38,500,000		
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input checked="" type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS		<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		13b. RATING		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP		
15. DELIVER TO SCHOFIELD BARRACKS COMMISSARY STORE DIRECTOR BLDG. 698 TRIMBLE ROAD WAHIAWA HI 96786-3699		CODE HQCWHX		16. ADMINISTERED BY  <b>SEE ITEM 9</b>						
17a. CONTRACTOR/OFFEROR WEST OAHU AGGREGATE CO., INC GEORGETTE SILVA 855 UMI ST HONOLULU HI 96819-2346 TELEPHONE NO. 808-847-7780		CODE 5GPD1		FACILITY CODE		18a. PAYMENT WILL BE MADE BY DFAS-WIDE AREA WORK FLOW DFAS - CVDAAA/CO P.O. BOX 369016 COLUMBUS OH 43236-9016				
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a. UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM						
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/ SERVICES				21. QUANTITY		22. UNIT	23. UNIT PRICE	24. AMOUNT
		<b>SEE SCHEDULE</b>								
25. ACCOUNTING AND APPROPRIATION DATA  <b>See Schedule</b>						26. TOTAL AWARD AMOUNT (For Govt. Use Only)  <b>\$57,179.52</b>				
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1. 52.212-4. FAR 52.212-3. 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED						<input checked="" type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA <input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED				
<input type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.						<input type="checkbox"/> 29. AWARD OF CONTRACT: REF. OFFER DATED . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:				
30a. SIGNATURE OF OFFEROR/CONTRACTOR				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)  <i>Margaret R Prince</i>						
30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT) MARGARET R PRINCE / CONTRACTING OFFICER TEL: (804) 734-8000 EXT 48616 EMAIL: margaret.prince@deca.mil				31c. DATE SIGNED 21-Dec-2017		

**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS  
(CONTINUED)**

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/ SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
<p><b>SEE SCHEDULE</b></p>					

32a. QUANTITY IN COLUMN 21 HAS BEEN  
 RECEIVED  INSPECTED  ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: \_\_\_\_\_

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
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32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE
	32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	37. CHECK NUMBER
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38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY
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41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT	42a. RECEIVED BY ( <i>Print</i> )		
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	41c. DATE	42b. RECEIVED AT ( <i>Location</i> )	
		42c. DATE REC'D ( <i>YY/MM/DD</i> )	42d. TOTAL CONTAINERS

Section SF 1449 - CONTINUATION SHEET

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	Schofield Barracks Trash Removal Service FFP Trash Removal Services for the Schofield Barracks Commissary				\$0.00
	Contract shall provide all labor, materials, equipment, transportation and other items and services necessary to remove and dispose of trash for the Schofield Barracks Commissary in accordance with the attached Statement of Work.				
	Location: Schofield Barracks Commissary 698 Trimble Road, Bldg 698 Wahiawa, HI 96786				
	Commissary Points of Contact: Store Director, (808) 655-6252 Supply Technician, (808) 655-5066				
	Base Year Period of Performance: January 1, 2018 through December 31, 2018 PURCHASE REQUEST NUMBER: HQCWHX71860001000				

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NET AMT \$0.00

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AA	Regular Pickups Covered Containers FFP Trash Pickups per Attachment 1 - Statement of Work, Price per Pickup. FOB: Destination PURCHASE REQUEST NUMBER: HQCWHX71860001000	208	Each	\$254.40	\$52,915.20

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NET AMT \$52,915.20

ACRN AA \$52,915.20  
CIN: HQCWHX718600010000001AA

PSC CD: S205

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AB	Extra Pickups Covered Containers FFP Extra Pickups, if required, Not-to-Exceed Six (6) Pickups per each 12-Month Period. Price per Pickup for Four (4) containers. FOB: Destination PURCHASE REQUEST NUMBER: HQCWHX71860001000	6	Each	\$320.00	\$1,920.00

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NET AMT \$1,920.00

ACRN AA \$1,920.00  
CIN: HQCWHX718600010000001AB

PSC CD: S205

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AC		4	Each	\$586.08	\$2,344.32

40 Cubic Yard Rolloff Rentals  
 FFP  
 One-Week (Seven Days) Rental and Disposal of a 40 Cubic Yard Roll-off Container. Basic Price is \$586.08 per 3 Tons. Price per Ton above the Basic Price is \$95.36. Maximum tonnage allowed in container quoted is 10 Tons.

The quoted tonnage in the Basic Price will be subtracted from the estimated 10 tons and the remaining tons will be multiplied by the price per ton quoted for tonnage over the Basic Price. The sum of the two amounts, Basic Price and tonnage price above Basic Price, will be used as your evaluated price.

This estimated amount is not to be construed as the guaranteed quantity. Rentals are on an as-needed basis and the total number of rentals is also not guaranteed.

Example:  
 \$100.00 Basic Price for up to 3 tons + 7 tons at \$50.00 per ton above Basic Price =  
 \$100.00 + (7 x \$50.00) =  
 \$100.00 + \$350.00 =  
 \$450.00

In this example, \$450.00 will be used as the evaluated price.

As indicated in the solicitation, the award pricing reflects Basic Price only. Any tonnage over the Basic Price quoted will be funded via modification incorporating a separate subContract Line Item Number to pay overage upon submission of the weight ticket to the commissary and Contracting Office.

FOB: Destination  
 PURCHASE REQUEST NUMBER: HQCWHX71860001000

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NET AMT \$2,344.32

ACRN AA \$2,344.32  
 CIN: HQCWHX718600010000001AC